



MENFORMATION PROJECT



Giving Boys a Guide to Manhood

YOUTH APPLICATION

We appreciate your interest in our Saturday Group Mentoring & Academic Coaching. This agreement is a means of gaining the consent of parent/guardian to allow their youth to participate in this life-enriching process.

(please print clearly to complete and deliver original to staff)

Full Name of Youth: _____

Date of Birth: _____ School: _____ Grade _____ Shirt Size: _____

Parent/Guardian Name: _____

Relationship to Youth: Father _____ Mother _____ Other (specify) _____

Address: _____

City: _____ State: _____ Zip: _____

e-Mail Address: _____

Parent/Guardian Cell: _____

By providing my cell number and signing below, I authorize MENFORMATION and its affiliates to contact me by automated SMS text message for program updates, instructions and reminders as often as necessary.

MEDICAL INFO:

Primary Care Physician: _____ Phone: _____

Medical Insurance Provider: _____ Med ID #: _____

If youth is currently seeing a counselor and/or therapist, please specify following information:

Counselor/Therapist's Name: _____ Telephone: _____

CONSENT AND AGREEMENT

Please initial your agreement and consent to each of the following statements:

_____ I/We give my/our informed consent and permission for the youth to participate in group mentoring conducted by The Menformation Project, Inc. ("MENFORMATION") and its related activities off-site.

_____ I/We agree that my/our youth will comply with all rules and regulations of MENFORMATION and we understand that any violation on the youth's part may result in suspension of the mentoring relationship.

_____ I/We hereby acknowledge that my/our youth may be transported by staff of MENFORMATION while participating in the project, and that such transportation is voluntary and is at the youth's and my own parental risk.

_____ I/We agree to allow MENFORMATION to use any photographic image of my/our youth taken while participating in the project. These images may be used in promotions and/or other related marketing materials.

_____ I/We release MENFORMATION of all liability of injury, death, or other damages to me, my youth, estate, heirs, or assigns that may result from the youth's participation in the project, including but not limited to transportation. I/We hold harmless any mentor, program staff, or other representatives, both collectively and individually, of any injury, other than where gross negligence has been determined.

By signing below, I/We attest to the truthfulness of all information listed on this application and agree to comply with all the rules and regulations of MENFORMATION. By signing below, I authorize MENFORMATION and its affiliates to contact me by automated SMS text message for program updates, instructions and reminders as often as they see fit.

Parent/Guardian Signature: _____ Dated: _____

Youth Signature: _____ Dated: _____